



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A copy of your proof of income **MUST** be attached to your application. Failure to do so may delay processing of your application. The YMCA will not be responsible for photocopying or return of income documentation.

Must provide proof of income for all adults living in household.

SPONSORED MEMBERSHIP ELIGIBILITY APPLICATION

1st ADULT _____ 2nd ADULT _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ HOME PHONE (____) _____ WORK PHONE (____) _____

NUMBER OF FAMILY MEMBERS LIVING WITH YOU: _____ AGES: _____
(INCLUDING ADULTS)

1 st ADULTS	2 ND ADULTS	CHILD	OTHER	TOTAL
MONTHLY SALARY	MONTHLY SALARY	SUP/ALIM	INCOME	MONTHLY INCOME
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VERIFICATION OF ALL INCOME MUST BE ATTACHED TO APPLICATION; **You must provide a copy of your most recent 1040 Tax Return.** In addition to your tax return you must also provide one of the following: Social Security check or document (current), pay stubs (at least two current pay periods) or other official documentation. Individuals under 24 years living at home must provide parent's income. Students receiving grants must include these documents with their applications. Students receiving support from their parents must provide parent's income. Any incomplete forms will be returned. Approved applications may be subject to an interview before granting a membership. Sponsorships are subject to a 3 months review and may be revoked if member does not meet eligibility guidelines.

PLEASE EXPLAIN ANY EXTENUATING CIRCUMSTANCES _____

Type of Membership: Adult (25-64) 2 Adult Household Family Plus
 One Adult Family Two Adult Family
 Young Adult (18-24) Senior Youth (15-17)
 Senior Citizen (65+) Senior Household

I attest that all statements made by me on this application are true.

Signature _____ Date _____

YMCA OFFICE USE ONLY

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Your application for sponsored membership eligibility has been reviewed and approved. Membership at the Sonoma County Family YMCA is a privilege and it is your responsibility to keep your payments current. Sponsored members are required to notify the Membership Department of any changes in income. (After three months as a sponsored member, you may be asked to submit income records and will be subject to a review.)

On an annual basis you will be required to submit current income records.

If you let your membership lapse, you are then responsible for paying for the time missed or you will be required to pay a Join Fee. You may, with advance notice, put your membership on hold for \$5 per month (up to 3 months per year) or terminate your membership at any time.

I have read and agree to the terms of my membership as stated above.

Signature _____ Date _____

Your Join Fee is: \$ _____

Your monthly fee is: \$ _____

Total Due Upon Joining: \$ _____

Payment Plan: Bank Draft Monthly

For your _____ membership
(type of membership)

Sincerely,

Membership Processor _____ Date _____

This letter is good for the next 45 days from the above date! Please **bring this letter** to the YMCA Member Center and make payment to activate your membership.

Payments have a 5-day grace period.

Please take advantage of the following member services:

- Facility Tour
- Fitness Center Orientations
- New Member Reception (see flyer for times)

Review Date:

Funds provided to the YMCA financial assistance program are from generous contributions made by members of the local community.

We would like to hear your story of what brought you to the Y to help encourage others to give to this meaningful program!

See the Member Center for details.